

# *eClinicalWorks*

## *Unified EHR/PM/Document Mgmt. System*

*Schedule. Prescribe. Chart. Charge.*



# *Vision and Focus*

- **eClinicalWorks focuses on providing a comprehensive solution to streamline clinical and financial processes of a connected office.**
- **Beyond the physicians office, we reach to a wide network and extended with integration to laboratories, pharmacies, insurances, and other clinics developing electronic communities.**

***“The Connected Office”***



# ***Corporate Highlights***

- **Privately held**
- **Continued profitability**
- **Revenue from product funds growth**
- **Strong recurring revenues**
- **Zero Debt**
- **850 employees**



# *Customer Base*

- **25,000+ providers**
- **Market Leader in unified solution ~ 5,000+ practices using it.**
- **Customers in all 50 states**
- **Multi-specialty, Multi-location installations**
- **Solo/Small Ambulatory Clinics to Mid-Size/Large (350+) Provider Ambulatory Physician Network**



# *Industry Awards*

- eClinicalWorks EMR Version 8.0 CCHIT Certified (Ambulatory EHR 2006, 2007 & 2008)
- Inc 500 fastest growing private companies
- \*#1 Rated EMR Solution by TEPR 2006 (Medium-Large Group Practice(s))
- \*#1 Rated EMR Solution for Pediatric Awards Program by TEPR 2006
- 2006 “Best in KLAS” in the Ambulatory EMR and Ambulatory Billing and Scheduling (1-5 Physicians) categories. Also ranked “Best in KLAS” for Ambulatory EMR (1-5) in 2005, holding position as a top vendor in this highly competitive market.
- \*TOP Rated EMR Solution by TEPR 2006 (Small Group Practice(s))
- \*#1 Rated EMR Solution by TEPR 2005 (Small Group Practice(s))
- \*#1 Rated e-Prescription Management by TEPR 2005
- \*TOP Rated EMR Solution by TEPR 2005 (Medium-Large Group Practice(s))
- \*Winner of 2004 Frost and Sullivan "Best Bang for Buck" Award
- \*#1 Rated Medical Records and Document Management Solution by TEPR 2004
- \*Top Rated Practice Management Solution by TEPR 2004
- \*#1 Rated EMR Solution by TEPR 2003
- \*Top Rated EMR Solution by ACGroup 2002, 2003, 2004
- \*Five Star (\*\*\*\*\*) Rating for EMR by American College of Rheumatology



# Reasons for our Continued Success

- Driven to constantly improve the product
  - User Forum allows for continual feedback and direction
  - Users Round Table prioritizes enhancement schedule
  - Ease of modifying the system without the need for templating if desired
  - Every input technology supported; Handwriting, Tap pick-lists, Bubble forms, Speech Recognition, Portal & Kiosk



## &lt;&lt;Practice Name&gt;&gt;

Please Fill-in the appropriate circles.

&lt;&lt;FirstName&gt;&gt; &lt;&lt;LastName&gt;&gt;

&lt;&lt;AcctNum&gt;&gt;

Severity of Problem: mild ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 worseAny Tests for this problem? ☐ Lab ☐ X-rays ☐ CT Scan ☐ Ultra Sound ☐ MRIOther Medical Illness: ☐ Diabetes ☐ High Blood Pressure ☐ Cancer ☐ Hypertension  
☐ MS ☐ CHF ☐ CVA ☐ OtherHistory of Family Illness: ☐ Diabetes ☐ High Blood Pressure ☐ Cancer ☐ Hypertension  
☐ MS ☐ CHF ☐ CVA ☐ Other

Do You Smoke?	<input type="radio"/> Yes <input type="radio"/> No	Do You Drink?	<input type="radio"/> Yes <input type="radio"/> No
Do You Use Caffeine?	<input type="radio"/> Yes <input type="radio"/> No	Do You Exercise Regularly?	<input type="radio"/> Yes <input type="radio"/> No
Currently Sexually Active?	<input type="radio"/> Yes <input type="radio"/> No	Any Recreational Drugs?	<input type="radio"/> Yes <input type="radio"/> No
Do You Have any Allergies?	<input type="radio"/> Yes <input type="radio"/> NKA		

## REVIEW OF SYSTEMS

Do you now or have you had any problems related to the following systems?

**Constitutional**

Fever	<input type="radio"/> Yes <input type="radio"/> No
Chills	<input type="radio"/> Yes <input type="radio"/> No
Headache	<input type="radio"/> Yes <input type="radio"/> No

**Eyes**

Blurred Vision	<input type="radio"/> Yes <input type="radio"/> No
Double Vision	<input type="radio"/> Yes <input type="radio"/> No
Pain	<input type="radio"/> Yes <input type="radio"/> No

**Allergic/Immunologic**

Hay Fever	<input type="radio"/> Yes <input type="radio"/> No
Drug Allergies	<input type="radio"/> Yes <input type="radio"/> No

**Neurological**

Tremors	<input type="radio"/> Yes <input type="radio"/> No
Dizzy Spells	<input type="radio"/> Yes <input type="radio"/> No
Numbness/Tingling	<input type="radio"/> Yes <input type="radio"/> No
Urinary Frequency	<input type="radio"/> Yes <input type="radio"/> No

**Endocrine**

Excessive Thirst	<input type="radio"/> Yes <input type="radio"/> No
Too Hot/Cold	<input type="radio"/> Yes <input type="radio"/> No
Tired/ Sluggish	<input type="radio"/> Yes <input type="radio"/> No
Shortness of Breath	<input type="radio"/> Yes <input type="radio"/> No

**Gastrointestinal**

Abdominal Pain	<input type="radio"/> Yes <input type="radio"/> No
Nausea/Vomiting	<input type="radio"/> Yes <input type="radio"/> No
Indigestion/Heartburn	<input type="radio"/> Yes <input type="radio"/> No

**Cardiovascular**

Chest Pain	<input type="radio"/> Yes <input type="radio"/> No
Varicose Veins	<input type="radio"/> Yes <input type="radio"/> No

High Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No
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**Integumentary**

Skin Rash	<input type="radio"/> Yes <input type="radio"/> No
Boils	<input type="radio"/> Yes <input type="radio"/> No
Persistent Itch	<input type="radio"/> Yes <input type="radio"/> No

**Musculoskeletal**

Joint Pain	<input type="radio"/> Yes <input type="radio"/> No
Neck Pain	<input type="radio"/> Yes <input type="radio"/> No
Back Pain	<input type="radio"/> Yes <input type="radio"/> No

**Ear/Nose/Throat/Mouth**

Ear Infection	<input type="radio"/> Yes <input type="radio"/> No
Sore Throat	<input type="radio"/> Yes <input type="radio"/> No
Sinus Problems	<input type="radio"/> Yes <input type="radio"/> No

**Genitourinary**

Urine Retention	<input type="radio"/> Yes <input type="radio"/> No
Painful Urination	<input type="radio"/> Yes <input type="radio"/> No

**Respiratory**

Wheezing	<input type="radio"/> Yes <input type="radio"/> No
Frequent Cough	<input type="radio"/> Yes <input type="radio"/> No

**Hematologic/Lymphatic**

Swollen Glands	<input type="radio"/> Yes <input type="radio"/> No
Blood Clotting Problems	<input type="radio"/> Yes <input type="radio"/> No

**Psychologic**

Are You Generally Satisfied w/Your Life?	<input type="radio"/> Yes <input type="radio"/> No
Do You Feel Depressed?	<input type="radio"/> Yes <input type="radio"/> No
Have You Considered Suicide?	<input type="radio"/> Yes <input type="radio"/> No





# *eClinicalWorks : Solution Map for Practice Management*

